

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 591196

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1	3				
5	1					
6	1					
7	1	5				
8	1					
9	1					
10	1					
11	1	3				
12	1					
13	1					
14	1	5				
15			1			
16				1		
17						
18				1		
19						
20			1			
21						
22			1	7		
23			1			
24				1		
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50						
TOTAL IND.		↓	6	↓		↓
TOTAL DEP.		←	22	←		←
TOTAL CLAIMS			28			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						